

Local Government Insurance Trust Police K9 Application

Member

Contact

Phone

How often medical checkups and vaccinations? _____

Overnight stay (kennel, home, etc)? _____

Did K9 receive a warrant of perfect health and fitness to perform its duties? _____

Police K9 Schedule

K9 Type, ID#, Name	K9 Cost before Training	K9 Cost after Training	Types of Training	Age	Any Pre-existing Conditions	Health Status

Loss Schedule

Date of Loss	Loss Description	Amount	Open or Closed

Signature _____ Date _____